

V

THE ANTENATAL TREATMENT OF VENEREAL DISEASE—GONORRHOEA

DISCUSSION

MISS E. M. HALL referred to the risk of sepsis when labour was induced or Cæsarean section was done, and quoted three cases of the kind in which there was a very febrile puerperium. One case was induced at thirty-six weeks, another at thirty-eight weeks. The Cæsarean section was carried out on a primagravida aged thirty-two, with a central placenta prævia, and though all precautions were taken she had a very febrile puerperium. The wound broke down, and two years later the speaker did hysterectomy because of a persistent uterine fistula. In these three cases there was very severe sepsis owing to manipulation having been carried out in the presence of gonorrhœa; hence she wondered whether it was justifiable to do Cæsarean section in such cases, *i.e.*, whether it would not be better to allow the woman to proceed to term, and have a trial labour, and to consider whether craniotomy was not justifiable if this was not successful.

MISS D. COCHRANE LOGAN thanked the authors of the papers for their interesting contributions. She showed the kind of speculum she used, known as the "Cusco." It was of proper proportions, and its handle was more convenient than that of the one in common use. It was very helpful in dealing with oozing and a congested cervix. She used a pack instead of a tampon. The pack usually retained its position if pressed well into the posterior fornix.

Concerning general lines of treatment, she watched her cases for a long time after cessation of treatment. It was best to slack off treatment gradually, otherwise relapses might occur.

She agreed with what Miss Hall said. One or two recent cases had again shown her that it was always worth while to give the patient a chance to proceed to the natural term.

She asked what was considered to be the most useful

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prophylaxis for ophthalmia neonatorum. She had seen some failures after the use of silver nitrate, and she never used it for this purpose in her own department. A solution of 5 per cent. protargol seemed to give fairly effective prophylaxis. The silver nitrate seemed to cause definite irritation, and if it failed in its prophylaxis, there was more likely to be a bad result than when no irritating agent was used.

Dr. FOWLER WARD said that during twenty years he had carried on a hard general practice, with many confinements each year, and he was astonished at the small amount of interference which in those days was considered necessary. Cæsarean section was unheard of. Gonorrhœa was very prevalent, and it appeared that the less the interference at childbirth in those cases the better. In those old days there was a good deal of ophthalmia neonatorum, and the use of nitrate of silver did not have anything to do with it.

Dr. T. J. WRIGHT (Norwich) said he had used Brewer's speculum, and had found it in every way satisfactory. He asked whether Dr. Rorke considered it safe to use diathermy on the cervix in the cases she referred to. He had not ventured to use it himself.

Professor F. J. BROWNE agreed with the remarks as to the great interest of the two papers. Dr. Rorke had stated that antenatal work had been in progress in this country ten or twelve years, but Dr. Ballantyne started antenatal work in 1901, with one bed for patients suffering from diseases of pregnancy. He was interested to hear that Dr. Rorke found urethritis so frequent; he had seen but few cases of urethritis in pregnancy. But he did not douche his patients; he always used local applications, exposed the cervix thoroughly, and applied 10 per cent. protargol, or other preparation. He had used saline solution for three months, and believed his results were as good as with anything else.

He asked Dr. Rorke to define exactly what she meant by gonorrhœa in pregnancy. Should one treat as gonorrhœal all cases having a discharge in pregnancy? If not, many cases which were gonorrhœal would be missed. On the other hand, if every case with a discharge were treated, a number of cases would get into the venereal disease department which had not got gonorrhœa at all. He did not like the separation of gonorrhœal patients

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from ordinary patients. At University College Hospital the V.D. beds were not so labelled, hence they did not hesitate to take in a case which had a discharge, even though it was not proved to be gonorrhœal.

On the ethical side, should patients who suffered from gonorrhœa be told what disease they had? If a patient were attending regularly for treatment, there was no need to tell her. If she had either syphilis or gonorrhœa and were not attending, however, it would be for her good to know it, and he did not hesitate to tell her, and the effect was usually salutary.

He much questioned the efficacy of prophylactic vaccines for puerperal sepsis; he had used them in a large series of cases, and he thought for two or three months that he had abolished puerperal sepsis, but afterwards he found that he had more sepsis among the vaccinated than among the unvaccinated.

He considered that a great deal of puerperal sepsis was due to the fact that the placenta was expressed prematurely. In the treatment of septic conditions, Professor McIlroy emphasised the importance of free drainage; he would like to know how she maintained free drainage. He thought she was quite right not to explore the uterus if there were retained membranes; very rarely was it needed. In 150 cases of partial retention of the placenta which were examined, only six showed signs of sepsis, showing that partial retention of the placenta did not predispose to sepsis to any great extent.

He asked whether Professor McIlroy had experience of the usefulness of artificial sunlight. Concerning the use of serum, it was always difficult to say whether any improvement that followed was due to the use of serum, and whether they would not have got better equally well if they had been left alone.

The CHAIRMAN (Colonel Harrison) said the papers had been very stimulating, and he had been impressed by the happy collaboration between the two departments at the Royal Free Hospital. Along that line would come not only the prevention of much trouble from gonococcal infection, but also of puerperal sepsis. It was very gratifying that the women should be so willing to go to the V.D. Department of the Royal Free Hospital. It was what one hoped for at all hospitals—that affairs in the V.D. Clinic should be conducted so nicely that

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patients were not deterred. Some figures given by Dr. T. H. Stevenson showed that in the year 1919 there was a high peak of puerperal mortality. Dr. Stevenson had wondered what the peak signified, and had found that nine months previously there had been a high peak of demobilisation; he thought the two peaks might be related to each other. The speaker, himself, thought that primary gonorrhœa contracted from husbands returning home after demobilisation and the gonorrhœa succeeded by secondary infections during pregnancy might explain much of that rise in puerperal mortality.

Dr. MARGARET RORKE, in reply, said that as to cervical diathermy she did not remember to have ever been beaten on a cervical case of gonorrhœa, though once or twice she thought she would be beaten. She could not plead guilty to Professor Browne's implication that douching was the cause of urethritis; the diagnosis of the latter was made in each case before the douching. When she spoke of the beginnings of antenatal work in England, she had in mind not isolated efforts here and there, but the date of general investigation and care, which she thought dated back to the War period. She remembered the amazement of the women who had to be examined. In former days she had experience in Scottish city slums, and the curious thing was that although some of those patients lived amidst incredible filth, she did not remember coming across a case of puerperal sepsis, in spite of the lack of cleanliness, lack of due nourishment, and alcoholism, with no ante-natal care. She had wondered whether those women had acquired a sort of natural immunity of their own.

With regard to what she defined as gonorrhœa of pregnancy, she took it that it was a discharge which showed the gonococci either on the urethra or on the cervix. A persistent discharge in pregnancy, on repeated films, not yielding easily to treatment, was most probably gonococcal, with secondary infection. She would not be prepared to tell such a woman that she had gonorrhœa, but she would tell her that she had a septic discharge and needed constant supervision and treatment.

Professor LOUISE McILROY also replied on the discussion, and expressed her gratitude for the discussion. Not one maternal death had occurred in the whole list. One of her great objects was to prevent interference in

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labour ; she felt sure that was the method of the future in all cases, not only those infected with gonorrhœa. She was much interested in the modified " Cusco " speculum, but thought the anterior lip ought to be shorter ; there was some danger in the long anterior lip.

Professor Browne and she generally agreed about most forms of treatment, and she was sorry they did not quite agree that evening. She could not follow his idea about nursing these patients in common wards. Consideration was due to those in attendance. She had known a nurse acquire syphilis because she was unaware that the patient she was tending had the disease, as no one had troubled to tell her. Professor McIlroy agreed, however, that these wards ought not to be labelled—indeed, the V.D. ward in her department was the nicest, as it was the most modern. With regard to nursing V.D. patients in ordinary maternity beds, it must be remembered that these cases included a large number of unmarried women, and no doubt some of these were of the prostitute class and could not be mixed with decent married women.

With regard to drainage of the uterus, it was advisable to make patients who had a temperature sit up in bed, and if no improvement took place a glycerine drain was inserted. It might interest those who were treating chronic gonorrhœa in ordinary non-pregnant cases to know of the treatment carried out in the gynæcological wards. A self-containing catheter was introduced and stitched in the uterus and kept there for five days. Thrice daily a drachm of glycerine was introduced into the rubber tube. It was a good treatment for pyosalpinx and adhesions and was a modification of Hobb's method. When only gonorrhœal infection is present there is never pus. No doubt the gonococcus prepared the way for secondary infection by making the tissues more friable. She held the opinion that there were streptococci in the vagina which were quite harmless so long as they could not get below the squamous epithelium, but when lacerations took place these organisms entered the tissues and became blood-suckers and were most virulent. The gonococcus paved the way towards this state of affairs.

She thanked those present for the patient hearing they gave to her paper.

A vote of thanks to the readers of the two papers was accorded.